MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2578

1. PLACE OF DEATH
County: Ray
Township: Orrick
City: Orrick (No. ..... St. ..... Ward)

Registration District No. 743
Primary Registration District No. 5978

File No. .....
Registered No. 1

2. FULL NAME: Thomas Beck Offutt

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Lora Offutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/10/1890

7. AGE: Years 40 (1890); Months 11; Days 26; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dealer in potatoes
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 170
10. Date deceased last worked at this occupation (month and year): Up until death
11. Total time (years) spent in this occupation: 22 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Orrick Mo Ray Co

FATHER
13. NAME: Fred S Offutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co Mo

MOTHER
15. MAIDEN NAME: Betty Hewlett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co Mo

17. INFORMANT (ADDRESS): Lora Offutt Orrick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: South Pearl Cem DATE: Jan 8th, 31

19. UNDERTAKER (ADDRESS): O'Bikeary Orrick Mo

20. FILED: Jan 16, 1931 L. E. Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 6th, 1931

22. I HEREBY CERTIFY, That I attended deceased from I saw deceased alive 1-6-31 — Dead body brought to office
to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemo arr. brain due to automobile accident. Ball tire caused car to swerve into ditch — Deceased died instantly	

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-6-, 1931
Where did injury occur? On Highway near Orrick.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In public place
Manner of injury: Automobile Accident
Nature of injury: Hemo brain

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify: Sold Cut potatoes by wholesale
(Signed) Robt Sluetz M.D. M. D.
(Address) Orrick Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK. THIS IS A LEGAL DOCUMENT.